APPLICATION PROCEDURE CHECKLIST FOR MISSOURI TEACHING CERTIFICATE

Your completed application packet must include each of the following items: ☐ APPLICATION FORM Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity! ☐ INSTITUTIONAL RECOMMENDATION After completing Section I of the application form, you must forward it to the certification officer at the institution where you completed your initial teacher education program. The certification officer must complete Section II and return it TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. ☐ TRANSCRIPTS Official transcripts from ALL institutions attended must be provided. Please request that all transcript(s) be sent TO YOU in a sealed and signed envelope. The unopened envelope(s) must be included with your application packet. Transcripts may be submitted by the college or university when the institution will not send official transcripts to the applicant. NOTE: An overall minimum grade point average of 2.5 on a 4.0 scale is required for initial certification and also in each additional area of certification. ☐ VERIFICATION OF APPROVED TEACHING EXPERIENCE Teaching experience must be contracted and at least half-time employment. Substitute teaching, student teaching, college teaching, or serving as a teacher's aide or assistant does not qualify as teaching experience. Teaching experience must be documented on the enclosed Verification of Teaching Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system where you taught. The form(s) should be returned TO YOU in the school's official envelope. The unopened envelope(s) must be included with your application packet. If you do not have approved teaching experience, please write "none" across the form and return it. ☐ VALID TEACHING CERTIFICATE(S) If you hold a valid teaching certificate(s) or license(s) in another state, you must include a notarized photocopy of the certificate(s) with your packet. PRAXIS II SCORE REPORT The Praxis II Specialty Area Test is no longer required from out-of-state applicants; however, if you have test scores we request that they are submitted for each area of certification for which you are applying. ☐ APPLICATION FEE Include with your application packet a \$50.00 certified check or money order made payable to "Treasurer, State of Missouri." Personal checks and cash will not be accepted. **NOTE:** This fee is for processing your application and cannot be refunded nor does it guarantee that a certificate will be issued. **BACKGROUND CHECK** Please refer to the enclosed Background Check Procedures checklist. Any questions regarding this portion of the application process must be directed to the Professional Conduct and Investigations Section at 573/522-8315. Enclose a certified check or money order for \$38 made payable to "Treasurer, State of Missouri". You may request a background check packet from the following web address http://www.dese.mo.gov/divteachqual/teachcert/aprequest1.html.

Collect all required documentation and return it in a SINGLE PACKET. The application form, transcript(s), and teaching experience form(s) must be received in our office in sealed, official envelopes. The items become the property of the Department of Elementary and Secondary Education and will not be returned or released to other agencies..

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet to:

Educator Certification Post Office Box 480 Jefferson City, MO 65102-0480 http://dese.mo.gov

You can check the status of your application on our website at http://dese.mo.gov/divteachgual/teachcert/

Do not use this application for counseling, school psychologist, school psychological examiner, vocational or adult education certification.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF TEACHER QUALITY AND URBAN EDUCATION EDUCATOR CERTIFICATION POST OFFICE BOX 480 JEFFERSON CITY, MISSOURI 65102-0480

(573) 751-0051

APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES

	PSYCHOLOGIST, SCHOOL PSYCHOLOGICAL EXAMINER, OR AN	HIS APPLICATION FOR COUNSELING, SCHOOL IY OTHER NON-CLASSROOM CERTIFICATION.				
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	LEGAL SIGNATURE OF APPLICANT	DATE				

ORIGINAL SIGNATURE REQUIRED - NO FAXES OR PHOTOCOPIES! http://dese.mo.gov

SECTION II: THIS SECTION MUST BE COMPLETED BY THE CERTIFICATION OFFICER OF THE STATE-APPROVED TEACHER EDUCATION INSTITUTION WHERE THE INITIAL TEACHER EDUCATION PROGRAM WAS COMPLETED. Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of

Please carefully complete the information in this section regarding this applicant. To be valid, this form must be signed by the Certification Officer, Dean of the College or School of Education, the Chairman of the Education Department, or the Dean's designee at the institution where the applicant completed his/her teacher preparation program and certification program. A stamped signature must be initialed by the person using the stamp. Please verify your information with your school seal.

A. LIST ALL COLLEGES AND UNI NOTE: SEE APPLICANT'S RELI				T COMPLETED COURSEWORK.			
NAME OF COLLEGE/UNIVERSITY	STATE	DEGREE	YEAR	DATES OF ATTENDANCE	TOTAL HOURS ATTEMPTED	TOTAL HOURS COMPLETED	TOTAL QUALITY POINTS
					71112		
				L	TOTALS		
					OVERALL GI	PA	
B. LIST PRAXIS II TEST AREAS A PRAXIS II Specialty Area Test(s		ES – IF REQU	IRED BY ST	ATE ISSUING ORIGINAL CERTIF	ICATE(S)		
Trovio ii opedially rilea resilo	,						
	SUBJECT					SCORE	
			SU	BJECT		SCORE	
PRAXIS II Principles of Learning	and Tea	ching Test	<u> </u>	<u> </u>		SCORE	
C. MAKE THE FOLLOWING RECO	MMENDA	TION(S) BASE	ED UPON YC	OUR STATE-APPROVED TEACHE	R EDUCATION		CH THE
A. I verify that this applicant has com				ucation program(s) in the major are	a(s) of:		
GRADE LEVEL		SUBJECT AR	NE 4	GRADE LEVEL		OUD IFOT ADEA	
B. I verify that this applicant has com	pleted our				dorsement area(SUBJECT AREA s) of:	
GRADE LEVEL		SUBJECT AR	REA	GRADE LEVEL		SUBJECT AREA	
C. I verify that this applicant has a m	inimum ov	erall GPA of 2.5	5 on a 4.0 sc	ale	□ YI	ES 🗆 NO	
D. I verify that this applicant has bee	n or can b	e recommende	d for a full tea	aching certificate in our state.	□ YE	ES □ NO	
RECOMMENDING INSTITUTION			CERTIFICA	TION OFFICER'S SIGNATURE		DATE	
D. STATE-APPROVED TEACHER	EDUCATI	ON PROGRAN	APPROVAL	LINFORMATION			_
FIRST YEAR STATE APPROVAL WAS GRANT	ED			DATE CURRENT STATE APPROVAL E	XPIRES		
REGISTRAR'S SIGNATURE			NAME OF IN	STITUTION			
PRINT/TYPE REGISTRAD'S NAME			ADDRESS O	F INSTITUTION		AFFIX OFFICIAL	
PRINT/TYPE REGISTRAR'S NAME		ABBILLOG O	THO THO N		STAMP OR SEAL		
DATE PHONE NU		PHONE NUM	BER		HERE		
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	ORIGINA	AL SIGNATUI	RES REQU	IRED – NO FAXES OR PHOT	OCOPIES		



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF TEACHER QUALITY AND URBAN EDUCATION EDUCATOR CERTIFICATION POST OFFICE BOX 480

JEFFERSON CITY, MISSOURI 65102-0480 (573) 751-0051

VERIFICATION OF TEACHING EXPERIENCE

SECTION I: TO BE COMPLETE CONTRACTED TEACHING EXP		ICANT.	APPLICANT	MUST SEI	ND THIS FO	ORM TO ALL	EMPLOYER	S TO VERIFY
SOCIAL SECURITY NUMBER*								
CURRENT NAME (LAST, FIRST, MIDDLE	INITIAL)							
ALL MAIDEN/FORMER NAMES								
STREET ADDRESS								
CITY, STATE, ZIP CODE								
DATE OF BIRTH				PHO	NE NUMBERS	i		
	MALE		FEMALE [□ н()		W ()
*View the Social Security number	disclosure i	notice at	http://dese.me	o.gov/scho	ollaw/freqas	kques/SSNUs	age.htm	
I hereby give my former and/or cu	ırrent emplo	yer perm	nission to relea	ase any and	d all informa	tion required i	n Section II.	
LEGAL SIGNATURE OF APPLICANT					DATE			
SECTION II: TO BE COMPLETE	D RV EMPI	OVING	SCHOOL SV	STEM				_
The above named individual was					as verified h	nelow		_
BEGINNING DATE OF EMPLOYMEN		0 4 10401	ENDING DAT				TOTAL YEA	RS TAUGHT
SUBJECT AREA(S) TAUG	SHT	GRAD	DE LEVEL(S)	,	SUBJECT AF	REA(S) TAUGH	Т	GRADE LEVEL(S)
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NAME OF SCHOOL SYSTEM SCHOOL ADDRESS CITY, STATE, ZIP								
NAME OF SCHOOL SYSTEM SCHOOL ADDRESS CITY, STATE, ZIP								
NAME OF SCHOOL SYSTEM SCHOOL ADDRESS CITY, STATE, ZIP ADMINISTRATOR'S NAME (PRINT OF ADMINISTRATOR'S SIGNATURE	DR TYPE)	ADMINIS	STRATOR'S PC	OSITION		SCHOOL PHO	ONE NUMBER	₹
NAME OF SCHOOL SYSTEM SCHOOL ADDRESS CITY, STATE, ZIP ADMINISTRATOR'S NAME (PRINT OF ADMINISTRATOR'S SIGNATURE) NOTE: Teacher certification in Monumber of years of teach	OR TYPE) Missouri is dening experier	ADMINIS esigned a	STRATOR'S PO	plan. Teaducation. E	chers are iss xperience r	SCHOOL PHO DATE sued the appro	ONE NUMBER	according to the
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NAME OF SCHOOL SYSTEM SCHOOL ADDRESS CITY, STATE, ZIP ADMINISTRATOR'S NAME (PRINT OF ADMINISTRATOR'S SIGNATURE) NOTE: Teacher certification in Monumber of years of teach Substitute teaching or PLEASE RETURN TH	OR TYPE) Missouri is de hing experier serving as IIS FORM T	ADMINIS esigned a nce and t a teache	as a two-level the level of ed er's aide or as	plan. Teaducation. Essistant ca	chers are iss xperience r nnot be co A SEALED	SCHOOL PHO DATE sued the appromust be contiunted.	ONE NUMBER	according to the at least half-time.

http://dese.mo.gov